

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
SUPERVISORY RESPONSIBILITY STATEMENT (SRS) FOR AUDIOLOGY (AU) ASSISTANT FORM

Each supervisor must have an approved SRS for each assistant on file and must agree to all conditions.

EMAIL TO: speech@dshs.state.tx.us

PROPOSED SUPERVISOR'S NAME: _____ **Texas Lic. #** _____

PROPOSED SUPERVISOR'S EMAIL: _____

Deficient SRS will be emailed to the proposed supervisor's email address. The Board Office no longer will email or fax SRS approvals.

After the Proposed Supervisor(s) and the AU Assistant review Board Rules 741 Subchapter D, Code of Ethics; Duties and Responsibilities of License Holders, and §741.84, Requirements for an Assistant in Audiology, **each supervisor** who agrees to accept responsibility for all services provided by the following individual (who is licensed or seeking a license as an assistant) must be listed on the completed *Supervisory Responsibility Statement (SRS) for Audiology (AU) Assistant Form* and **each supervisor** is responsible for the minimum one (1) hour of direct supervision per week, and must be on-site at the AU assistant's place of employment for at least 10 hours each week. **Each supervisor must agree to all conditions in this agreement.**

AU ASSISTANT: _____

Please check applicable box:

- ☐ **Initial AU Asst License (SS #)** _____ (Has never held an Aud Asst license in Texas)
- ☐ **Change of Supervisor** (Please note: ALL other supervisors will be removed.) **Texas AU Asst License #:** _____
- ☐ **Additional Supervisor** (Please list all other current supervisor(s) and their license number(s) on the line below. If the additional supervisor(s) is/are not listed, they will be removed. Each supervisor must complete a SRS. All supervisors must coordinate the supervision of the AU Assistant so that the AU Assistant receives a minimum of one hour of direct supervision weekly, and so that a Board approved supervisor is on-site at the AU Assistant's place of employment at least ten (10) hours weekly. **Texas AU Asst License #:** _____

Other Current Supervisor(s) Name & License #: _____

EMPLOYER: The AU assistant shall be supervised at the following location.

Employer: _____

Address: _____

City/State/Zip: _____ **Phone:** () _____

FOR THE ASSISTANT IN AUDIOLOGY:

- I certify that I have read Subchapter D, Code of Ethics; Duties and Responsibilities of License Holders, and §741.84, Requirements for an Assistant in Audiology and I understand the duties that may or may not be assigned to me.
- If I change supervisors, my new supervisor and I will submit a new *Supervisory Responsibility Statement (SRS) for Audiology Assistant Form*.
- I understand that **I may not practice** until the board office has approved a new supervisor. I also understand that without such approval, disciplinary action shall be imposed.
- I certify that I understand that I DO NOT practice independently; I function under the direction of my approved supervisor.
- My proposed supervisor has given me a copy of this form.

AU Assistant's Signature

Date

FOR THE PROPOSED SUPERVISOR OF THE ASSISTANT IN AUDIOLOGY:

- I certify that I have read Subchapter D, Code of Ethics; Duties and Responsibilities of License Holders, and §741.84, Requirements for an Assistant in Audiology. I understand which duties may and may not be assigned to the assistant and I understand my supervisory responsibilities.
- I agree to supervise this AU assistant in accordance with 22 T.A.C., Subchapter D and §741.84 and to follow the agreement stated in this *Supervisory Responsibility Statement (SRS) for an Audiology Assistant Form*.
- I agree that this AU assistant will not be allowed to practice until it has been verified that the assistant holds a **current valid license**, this form has been submitted, approved, and **I have verified the online approval**.
- I agree to provide a minimum of 25 hours of job-specific competency-based training, and provide 100% direct supervision until the training is approved by the Board ("direct supervision" means the supervising Audiologist must provide line of sight supervision while the AU Assistant is providing services for which the AU Assistant has been trained). Please complete the job-specific competency-based training plan in the space provided at the end of this form.
- I agree to submit the Report of Completed Training for an Assistant in Audiology Form at the conclusion of the training, and agree to continue 100% direct line of sight supervision until the Board approves the training.
- I agree to inform the board office immediately, **in writing, by email or fax** when supervision has ceased.
- **After completion and approval by the Board of the 25 hours of job specific competency based training, I agree to provide a minimum of one hour of direct line of sight supervision per week. I further agree to be on-site at the AU Assistant's place of employment at least ten (10) hours each week.**
- I agree to accept responsibility for the services of the audiology assistant for all patients with whom the audiology assistant has contact.
- I certify that I have practiced for at least 2 years, which can include an internship year.
- I agree to supervise no more than a total of four interns and/or assistants.

Job Specific Competency Based Training Plan (total hours planned must = 25 hours or more):

Training areas	# of hours planned
Basic audiology screening procedures (pure tone screening, otoacoustic emissions screening, immittance screening, or screening ear canal status with an otoscope)	
Maintaining clinical records	
Preparing clinical materials	
Perform preventative maintenance checks and safety checks of equipment	
Biologic and electroacoustic calibration of audiometric equipment	
Hearing aid and earmold maintenance	
Electrode placement and patient preparation	
Case history and/or self-assessment forms	
Play audiometry, visual reinforcement audiometry, and picture-pointing speech audiometry	
Assisting in the evaluation of difficult-to-test patients	
Test room preparation	
Additional training in areas not excluded in 741.84(i)(5): List below (attach additional sheet if needed)	

Proposed Supervisor's Signature

years of experience

Date

Please review to be sure all information is completed correctly. Incomplete forms will be returned and may delay this approval.

The completed form must be sent:

Email to: speech@dshs.state.tx.us

Or: Fax to: (512) 834-6677, Attention: SPEECH

The licensed AU assistant may start practicing when the relationship is listed online.

Steps to View Approved Supervisors Online:

1. Go to the Board's website at: www.dshs.state.tx.us/speech
2. Select the tab labeled: *Find a Licensee*
3. Select: *Live Online Verification*: http://www.dshs.state.tx.us/speech/sp_search.shtm
4. Select: *This link to view or print a license verification*:
5. Select: Public License Search
6. Select one of the five searches
7. Enter the required information
8. Click on the licensee's name and you will see the list of all approved supervisors or supervisees under the *Related Party Section*

To add or change a supervisor, please allow a minimum of 5 days processing time.

Please use current forms from the website. www.dshs.state.tx.us/speech